

PART B -FEE(S) TRANSMITTAL

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(Depositor's name)

(Signature)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/735,592	12/11/2003	Arthur M. Krieg	C1037.70038US01	2533

TITLE OF INVENTION: CPG NUCLEIC ACIDS AND METHODS OF USE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	no	\$1,510.00	\$300.00	\$1,810.00	02/18/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS		

N. M. Minnifield 1645

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>Wolf, Greenfield & Sacks, P.C.</u>
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/22) attached.		2 <u>Gregg C. Benson, 30,997</u>
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		3 <u></u>

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Coley Pharmaceutical Group, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

New York, New York

Dusseldorf, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government**4a. The following fee(s) are enclosed:****4b. Payment of Fee(s):** Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order # of Copies _____ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 23/2825**5. Change in Entity Status (from status indicated above)** a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Helen C. LockhartDate February 17, 2011

Typed or printed name

Helen C. Lockhart

Registration No. 39,248